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AUTHOR Hauff, Edvard
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ABSTRACT

This paper describes past and present European efforts to address the mental health needs of refugees. It begins with a brief historical survey of mental health services for refugees after the Second World War and delineates the policy recommendations from the 1948 International Congress on Mental Health. The next section describes current programs in Belgium, France, the Netherlands, Norway, Sweden, Denmark, and Germany. Following this, special programs in Copenhagen, Stockholm, London, and Oxford for refugees who have been exposed to torture are described. Recent international conferences in Europe involving representatives of the various medical and psychosocial centers for refugees in Europe are next described, along with documentation centers and networks and international journals on refugee issues based in Europe. Future directions are outlined for mental health work with refugees: briefly discussed are research and training needs, international networking, new journals, and planned conferences. The paper concludes with a call for greater cooperation between refugee mental health programs in Europe and North America with those in Third World countries. (TE)

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Edvard Hauff MD

INTERNATIONAL ASPECTS OF MENTAL HEALTH WORK WITH REFUGEES AND FUTURE DIRECTIONS. A EUROPEAN PERSPECTIVE.

Department of Psychiatry
and
Department of Behavioral Sciences in Medicine
University of Oslo
Psychosocial Team for Refugees in Norway

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Introduction

From a European perspective, the general activity in the field of refugee mental health appears to be fairly high in North America considering the number of published papers during the last decade. Both research papers, descriptions of clinical services, training and prevention programs contribute to this impression (e.g. Williams 1987, Williams and Westermeyer 1986, Owan 1985).

Unfortunately, an increasing number of publications does not by itself imply that this information is being sufficiently disseminated and used, or that the majority of experiences and programs are being sufficiently described and recorded. There are widespread and repeatedly expressed opinions that this may be a particular problem in the field of refugee research and program implementation both in North America and the rest of the world. In a "Lament of unfulfilled refugee research opportunities and needs", Stein criticizes the apparent neglect of many researchers in the field to make use of the experiences and results from previous studies (Stein 1986). He has also observed that few institutional records and analyses of concluded programs are developed, and that coordinated efforts with built-in research components are rare. Westermeyer gives examples from the United States how the availability of mental health expert opinion not ensures that refugee administrators will use it (Westermeyer 1987).

Although there seems to be a variety of mental health services as well as prevention and training programs for refugees on the North American continent, most programs are reported to be structured as projects and have an unstable funding base (Lum 1985). This situation is likely to further the ad hoc approach to refugee work and serve as an inhibiting factor in the development of an institutional memory in the field of refugee mental health. Considering these reports, one would expect the following points to be central for the continuity of professional development in this field;

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-the existence of stable and continuing programs and centers (clinical services, prevention, training, information and research)

-recording information and ensuring easy access to it

-ensuring contact and cooperation between professionals and between centers

The purpose of this paper is first to examine some aspects of the refugee mental health work after the Second World War in Europe. How are the conditions for professional development here at present compared to the North American continent? Considering this, I will finally make some suggestions as to how international activities might improve the quality of refugee mental health work in general in resettlement countries in the future.

The situation in post war Europe

The Second World War left an estimated 8 million refugees and displaced persons in war torn Europe (Strotzka 1973). During the next 15 years national and international organizations made enormous efforts to repatriate, resettle, integrate and rehabilitate these refugees and displaced persons. The main international bodies involved in this work were UNRRA (United Nations Relief and Rehabilitation Administration), IRO (International Refugee Organization), ICEM (Intergovernmental Committee for European Migration) and UNHRC (United Nations High Commissioner for Refugees).

Other refugee movements followed e.g. from Eastern to Western Europe after the Hungarian uprising in 1956 with approximately 250 000 refugees, and from Czechoslovakia in 1968 with approximately 60 000 refugees, and more recently, the refugees from Poland to several Western European countries.

At present, European governments have to address the needs of the refugees from an increasing number of non European countries seeking asylum in Europe as a consequence of the recent major political conflicts in Asia, Africa and Latin America. In 1986 there were 204 000 persons arriving in Western Europe applying for asylum. Approximately two thirds of them were of non European origin (Refugees 1987). The refugee movements in this century have been extensively studied by Marrus from a historical point of view and may be consulted for further details (Marrus 1985).

Already during the war psychiatrists in the non-occupied countries alerted their authorities regarding the immediate mental health needs of the refugees received in these countries (Pfister-Ammende 1973). In 1944, a mental health service was established in Switzerland after the initiative of dr. Maria Pfister-Ammende. Influential psychotherapists supported the move (e.g. M. Boss, C.G. Jung). The emphasis of the services was on training of refugee camp personnel as well as mental health personnel, providing clinical services to the refugees and giving advice to the camp administration. She used a community mental health approach and underscored the need for primary preventive efforts.

Observers and participants in the various refugee reception centers in Europe will probably frequently conclude that most of her practical and basic recommendations are not being implemented today. The experiences gained through this service is a good example of insights that deserve to be preserved and integrated in a common and institutional memory.

International conferences with policy recommendations regarding refugee mental health care also have a certain tradition in Europe. Already in 1948, the International Congress on Mental Health which was held in London, adopted the following recommendations:

A. That the Specialized Agencies of the United Nations continue to give urgent consideration to the mental health problems of

displaced persons, transferred and migrating populations, homeless children, and others constituting the human aftermaths of war.

B. That recognition be given to the initiative shown and the enormous amount of work accomplished by national and local governmental and voluntary agencies in this matter.

C. That this work be encouraged and extended.

D. That close contact be maintained with all such local agencies, and arrangements be made for continuous exchange of information, so that activities may become part of a coordinated effort.

E That immediate steps be taken to provide basic living requirements for all displaced persons, and protective measures adopted to

F. That national agencies be urged to do everything possible along these lines in their own countries. (Murphy 1955)

The research findings in the field of refugee mental health in postwar Europe will not be reviewed here. However, it should be mentioned that the studies were few, and this research field was dominated by a small number of dedicated colleagues. A leading figure was Leo Eitinger, himself a refugee and a concentration camp survivor. In his main refugee studies he investigated all the refugees who came to Norway during the first 15 years after the outbreak of World War II, and who were admitted to psychiatric institutions (Eitinger 1959, Eitinger 1960 A, Eitinger 1960 B, Eitinger 1960 C).

Present state: Refugee mental health programs and centers in Europe

Have these traditions led to well established refugee mental health programs in Europe? Considering the diversity of the Western European countries and differences between their health and social care systems, one also would expect to find a diversity of programs and approaches when one attempts to get an overview of the activities in the field of refugee mental health care in Europe. Examples of this will be given below, but I will not try to describe all the centers in Europe. Refugees are obviously also receiving services in the general psychiatric and mental health services, but here only specialized centers or programs will be mentioned.

EXIL (COLAT) in Brussels was established in 1976, and is one of the longest functioning centers in Europe. It originated as COLAT (Collectivo Latino Americano de Trabajo Psico-Social), a psychosocial solidarity network for Latin American refugees, consisting both of professionals and non-professionals. Recently it has expanded to be a center for medical and psychosocial work with refugees in general and has changed its name to EXIL. It has functioned with very limited financial resources and has been based mainly on voluntary professional services.

COMEDE (Comit medical pour les exils) was established in Paris in 1979. It runs a medical psychosocial center for refugees and asylum seekers. In addition to its permanent staff, the center collaborates with a large number of voluntary medical and paramedical personnel. It has a multiple funding base (public funds, international non-governmental organizations, Christian relief organizations).

In the Netherlands, the government has so far been more active in the delivery of specialized health care for refugees than the governments in the other European countries. The refugee health care center (CGV) was established in 1979 in the Haag and has gradually expanded its activity. The center is responsible for the medical examination of quota refugees on their arrival in the country. In addition, it offers medical consultations and psychosocial counseling to refugees throughout the country in the various stages of their resettlement,

as well as information and advice to health and social personnel working with refugees. Since 1984 it has also cooperated with the specialist medical services at Leiden University Hospital in providing speciality services to the refugees. The center appears to have a more stable and solid funding base than most of the other centers in Europe.

The Social Psychiatric Service for Latin American Refugees (SPD-LAV) was founded in 1978 and is also a part of the Dutch public health care system i.e. the regionalized community mental health services. It is based in Amsterdam, but serves the whole country and provides psychotherapy as well as other psychological and psychiatric services. Since 1986 the service also has been open to refugees of other nationalities besides Latin Americans.

Regarding specialized psychiatric inpatient services for refugees, the Wolfhese Hospital in the Netherlands has provided a special treatment program for Vietnamese refugees since 1982, including a small unit with 12 beds (a separate pavilion on the hospital premises).

In Norway, the number of "new" refugees per capita has been comparatively small also in a European context until now. There has not been any specialized mental health program for refugees until the Psychosocial Team for Refugees in Norway was established in January 1986. The team is so far organized as a three year project attached to the Department of Psychiatry of the University of Oslo. It is professionally and administratively affiliated with the Directory of Health and funded by the Norwegian Ministry of Health and Social Affairs. It is a small multiprofessional team, and its functions are training and consultations to health and social service personnel, information, documentation and research. The team also functions as a small outpatient psychosocial service mainly for refugees who have been under severe strain through torture, imprisonment or acts of warfare.

In Sweden, there have recently been initiated a number of mental health projects for refugees, and most of them have been established during the last two to three years. They are time limited projects with a varying degree of research orientation. The Swedish Immigration Bureau has been a major funding body for these projects, but funding has also been provided from the various county authorities. One of the better known is the project in Uppsala, which is attached to the Department of Psychiatry of the University of Uppsala, and which was started in 1985. The project integrates child and adult psychiatry, and its aims are to identify refugees in the area in need of medical and psychosocial services, to facilitate appropriate treatment, develop a transcultural psychiatric service for refugees, and training of health and social workers in refugee health care.

One of the other Swedish refugee mental health projects takes place in the county of Värmland, and this is integrated in the public mental health services in the county. As an outpatient service, their approach is child and family oriented, and one of their aims is to gain systematic experience with working with interpreters in psychiatry.

In Sweden, mainly in the Stockholm area, there has also been several bilingual mental health centers for immigrants, which also have been treating refugee clients. The Swedish Red Cross established a Latin American Psychosocial Center for Refugees in 1983 in Gothenburg.

In Denmark, the RCT (International Rehabilitation Center for Torture Victims, see later) has had a dominating position in the field of refugee health care. In 1987, an interdisciplinary professional group, most of them having worked in RCT previously, founded OASIS, a treatment and counselling center for refugees in Copenhagen. The center has a broader psychotherapeutic and psychosocial approach and provides outpatient services. The work also consists of training, research and documentation. OASIS intends to extend their documentation services into an inter-Scandinavian documentation

center, so as to coordinate information exchange among Scandinavian countries. So far their funding is unstable.

CEPAR (Center for Psychosocial Work with Refugees) was established in 1985, also in Copenhagen. This is a small center which was established with support from the Danish Psychologists' Association and the Danish Refugee Council (Dansk Flygtninghjælp). This center has received strong impulses from and cooperated with COLAT in Brussels.

In Rhus, the second largest city in Denmark, the county health authorities has recently established FCF, a mental health rehabilitation center for refugees.

In the Federal Republic of Germany, there are several small psychosocial centers for refugees, primarily with funding from voluntary organizations. The Psychosocial Center (Psychosoziales Zentrum) in Frankfurt offers counselling and therapy to all foreign refugee groups in the city and its surroundings. It is run by a multicultural and multiprofessional team and is church affiliated (Evangelischen Regional Verband). Another Psychosocial Center for Foreign Refugees was established in Dusseldorf in 1987, and this is also church affiliated.

Special programs

Although the majority of the recently established refugee mental health programs has chosen a wider psychosocial approach addressing problems of exile as well as the various traumatic experiences of their clients, a smaller number of centers have mainly or solely offered services to refugees who have been exposed to torture. Examples of these centers are:

RCT - Rehabilitation Center for Torture Victims, Copenhagen. It is a private foundation financed by government funds and private donations. It was opened in 1984. In addition to clinical services

and research, RCT operates an international documentation center on torture and conducts international seminars as well as other international activities against torture. Compared to many other centers mentioned previously, RCT is larger and appears to have a fairly stable funding.

The Red Cross Rehabilitation Center for Tortured Refugees in Stockholm is one of the centers which have been inspired by RCT in Denmark. It was established in 1985. In addition to Red Cross funds, the center has considerable public funding. The work is directed towards three main aspects: Outpatient clinical services, training and research.

The Medical Foundation for the Care of Victims of Torture in London is an independent charity which coordinates a referral network throughout the United Kingdom for persons having been exposed to torture and who are in need of medical or psychological treatment. Other activities are information and training. The foundation has evolved from the voluntary work of the British Medical Group of Amnesty International.

Refugee Studies Program for the Study of Forced Migration, Oxford University, is not a specialized refugee mental health program and does not provide any clinical services. However, it is an example of a systematic effort to introduce and strengthen refugee research and documentation activities in the academic world. The program has arranged several workshops and training seminars on refugee mental health and related topics, and has also been involved in refugee mental health research (Harrell- Bond 1986).

In summary this description points to a markedly increased interest and activity in the field of refugee mental health in Europe judging from the number of centers established during the last ten years. There is a variety of approaches and types of organization of the services, but the majority of centers have a wide approach addressing the psychosocial needs of refugees in general. However,

many centers are small and appear to have an unstable funding base. In addition, many programs have been established as time limited projects, and this may limit the stability and continuity of the programs. Although many centers state that research and documentation are included in their activities, it is often not clear how systematic these efforts are. The number of recent research publications on refugee mental health is small compared to the US. Some research projects are described in "Health Hazards of Organized Violence" (Ministry of Welfare, Health and Cultural Affairs 1987). Otherwise there appear to be several similarities between European and North American efforts in the field at present.

International Activities

Representatives of the various medical and psychosocial centers for refugees and other "victims of organized violence"[1] in Europe have met annually since 1984. In 1986 a few representatives from North American centers were also present. The first conference for centers from all over the world was arranged in Paris in September 1987. The main purpose was to exchange experiences, and a central topic of the conference was "[1] Organized violence and its cross-cultural aspects".

Representatives from 42 centers and organizations were present. The contact between the centers do not have a formalized organizational structure, and they cooperate in the form of a loosely knit professional network. It is not clear how this network will develop in the future, but the next world conference will probably be held in Costa Rica in 1989.

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1 Organized violence is here understood as: "The inter-human infliction of significant, avoidable pain and suffering by an organized group according to a declared or implied strategy and/or system of ideas and attitudes. It comprises any violent action which is unacceptable by general human standards, and relates to the victims' feelings." In this definition exile in itself is included.

The World Health Organization Regional Office for Europe has both in 1981 and 1986 organized working groups on victims of violence in collaboration with the Dutch government. (Ministry of Welfare, Health and Cultural Affairs 1983, Ministry of Welfare, Health and Cultural Affairs 1987). Further meetings in the working group are being planned. The last meeting focused on research and produced a set of recommendations about this topic (see addendum). The WHO Regional Office for Europe has distributed these recommendations to its member countries.

The European Consultation on Refugees and Exiles (ECRE) and the Standing Conference on Refugees in Britain held an international seminar on the psychosocial problems of refugees in 1981 in England with professionals from 12 countries participating (Baker 1983). ECRE is a forum for collaboration between some 45 non-governmental organizations in Europe concerned with refugees and the right of asylum. ECRE has recently proposed a general refugee policy for Europe. Although this document does not specifically deal with health or mental health, it stresses the needs for documentation centers, training, information and research.

In October 1987, the League of Red Cross and Red Crescent Societies convened a workshop on the psychological problems of refugees and asylum seekers in Switzerland. The workshop produced an extensive list of conclusions and recommendations. There were participants from 15 countries including the US and Canada.

There are also examples of regional cooperation in Europe in the field of refugee reception and integratation. The Nordic countries arrange annual conferences on refugee questions. At the conference in Sweden in 1986, the working groups on psychosocial problems recommended a gradual development of psychosocial programs over five years in the Nordic countries, on the local, regional, national and inter-Nordic levels.

Documentation

In addition to the documentation efforts of the various psychosocial centers for refugees in Europe, several of the governmental national refugee and immigration bureaus have a well developed general documentation service on refugee issues.

On the international level, UNHCR's computerized Center for Documentation on Refugees (CDR) has a central position. The center's quarterly publication, Refugee Abstracts, also contains abstracts of recent literature on refugee mental health. Since 1986, the center has made preparatory efforts to establish an international network of refugee documentation centers where UNHCR should act as a coordinating body. UNHCR has been requested to coordinate current efforts to establish a common refugee thesaurus and to initiate work on standard formats required for easier exchange of documentation.

The Refugee Studies Program in Oxford has initiated a documentation network of scholars engaged in refugee research, and together with Lund University in Sweden and York University in Canada, they have founded a consortium to this effect. The RSP also prepares a directory of current refugee research.

There are various documentation centers and networks in related fields like human rights and human rights violations, but they will not be described further here.

International journals on refugee issues based in Europe

The AWR-Bulletin is a quarterly on refugee problems. It is published by the Association for the Study of the World Refugee Problem and is based in Vienna. It is a multilingual journal, but most of the articles are published in German. Only a small number of the articles are concerned with health and mental health issues.

Oxford University Press has announced the publication of a new international journal in March 1988 in association with the Refugee

Study Program, University of Oxford, the Journal of Refugee Studies. The journal will be multidisciplinary, also including health and psychology, and aims at providing a major focus for refugee research. There are several psychiatrists among the associate editors.

Apart from the conference reports already referred to, there have not been published any books in Europe during recent years specifically on refugee mental health. However, a few books have been published on the mental health of migrants with sections on the mental health of refugees (e.g. Eitinger and Schwarz 1981, Rack 1982).

In summary, there is a considerable international activity in the field of refugee mental health at present in Europe. Most of the international contacts appear to be in the form of conferences and working groups, and a large number of recommendations have been made about the psychosocial needs of refugees in resettlement countries. Thus there is a progressing activity in the area of sensitization and awareness-building regarding mental health issues directed both towards health and social workers, resettlement personnel and administrators. However, the international or bilateral cooperation between the various centers on issues as development and evaluation of training programs and materials, development and evaluation of clinical methods, primary prevention, interventions, comparative community studies or other research issues, does not appear to be extensive.

Future directions

Considering the professional activity both in North America and in Europe regarding various aspects of mental health of refugees and other migrants at present, as well as the number of actual and potential conflict areas in the world today, it is highly likely that both the need and the interest for refugee mental health questions will increase in the years to come. All our experiences in the field since the Second World War point to the need for continuous programs in this field. Although the activity is high, there is also an

obvious need in general both to expand existing programs and to establish new ones, both in Europe and in North America. For this purpose, the attempts to sensitize politicians, administrators and the public to refugee mental health needs as well as preventive measures should be continued. However, refugee mental health professionals will probably in the future increasingly be confronted with issues regarding the content of our activities, both regarding methods for prevention, organizational services, clinical methods, the content of training programs as well as a systematic evaluation of all these components. With increasing professionalization of the field, refugee mental health specialists are also likely to be challenged as to further theoretical developments of their work. All these factors indicate that there is a need to strengthen university based or affiliated programs on refugee and migrant mental health, and that administrators and politicians have to face this challenge when they are making priorities. Knowing that funding for refugee mental health programs also in the future is likely to fluctuate in most countries, mental health specialists also have to set realistic aims and make priorities for the implementation of the programs. Considering the international character of refugee issues and the relative weakness of programs in many countries, there are obvious and strong reasons to strengthen international cooperation in the field of refugee mental health. From a European perspective stronger links and closer cooperation with the North American programs, should be welcomed, not the least due to both U.S. and Canada's experiences with developing health services for a multicultural population.

In the research field many of the tasks ahead will be time consuming and demanding regarding professional resources. Although multi-center projects often are cumbersome to establish and may be frustrating to implement, many of the research questions which will be addressed in the future will probably demand such designs, however. One example of this would be research in the field of systematic psychotherapy with refugee patients, both as to the development of the methods as well as assessing the effect of them.

Development of research instruments including validity and reliability testing as well as modification of instruments when used transculturally is time consuming and should be well suited for international cooperation. Regarding the choice of research instruments and criteria, international cooperation between research workers would be helpful to ensure that research findings may be exchanged internationally as easily as possible. A strengthening of international research cooperation would also provide training opportunities for junior colleagues from other countries as well. Particular attention should be paid to assist the development of refugee mental health research in the countries of first asylum.

Training

University based refugee mental health programs should probably divide responsibilities regarding the further development of curricula in educational and training programs for refugee groups, primary health and social workers, mental health professionals, interpreters and others. A systematic evaluation of educational and training programs would also probably benefit from sharing of responsibilities.

International networks

A likely consequence of a strengthening of international research cooperation would be to gradually extend and strengthen the existing academic refugee study networks, both interdisciplinary and especially in the field of mental health. One should consider if such a network should have an informal international newsletter. A specialist refugee mental health network might assist international refugee bodies in planning and implementing programs in "new" refugee crises.

In addition to an extensive number of non-governmental international organizations, the main international bodies concerned with refugee health care are the World Health Organization (WHO) and the United Nations High Commissioner for Refugees (UNHCR). The UNHCR has signaled an increasing awareness and concern for the mental health needs of refugees, both in first asylum camps, processing centers and resettlement countries during the last decade. WHO has for many years taken a strong interest in the health of migrants and also in the mental health of refugees (Zwingmann 1978). Both of these organizations will be central in the coordination of international cooperation on refugee mental health. It is likely that a certain strengthening of their resources would enable WHO and/or UNHCR to expand this function in the future. Establishing a post for a specialist in refugee (migrant) mental health in the WHO central office would be one step in this direction.

New Journals

An extensive number of scientific journals in psychiatry and psychology have published studies on refugee and migrant mental health during the last decade, both in North America and in Europe. The needs for a specific journal on refugee mental health might be considered, but is so far not obvious seen from a European perspective. Submitting articles to the interdisciplinary journals like the recently founded Journal of Refugee Studies, would provide opportunities of sensitizing other refugee experts and practitioners on the mental health aspects of the refugee situation.

Plans for conferences/meetings/symposia

The conferences of the established international associations for mental health professionals provide opportunities to present material on refugee mental health for colleagues internationally. In 1989, the World Psychiatric Association's congress in Athens will provide such an opportunity. Furthermore, the Society for the Study

of Psychiatry and Culture is planning to hold their annual meeting in 1989 in London, and this meeting is likely to provide a good opportunity for refugee mental health specialists in Europe and North America to meet. Other venues would be the Congress of the International Psychological Association in July 1989 and the Congress of World Federation for Mental Health.

Time schedule

A realistic time schedule should be made for the implementation of the international efforts with the highest priority in the field of refugee mental health. Today third world countries are receiving the majority of the refugees in the world. When developing refugee mental health activities further, on the international level the needs of these countries should be clearly in focus. It is possible that a strengthened cooperation between centers/programs in USA/Canada or Europe with centers/programs in major refugee receiving countries in the third world would be among the most fruitful and interesting activities in the field of refugee mental health in the years to come.

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